

TLA User Account Request Form		
TLA User Information		
LastName:	First:	MI:
IP Address of User's PC/Terminal		
Domain Name	IP Network	
DSN Phone Number		
	Alternate:	Fax:
Commercial Phone Number		
	Alternate:	Fax:
E- Mail Address		
Mailing Address Information Section		
City:	State:	Zip:
Certification Section		
<p>I certify that the above data is true and correct. Also, I acknowledge and agree that:</p> <ul style="list-style-type: none"> - U.S. Government resources will only be used for the performance of official duties - Data, software and hardware will be protected to the best of my abilities - Proprietary and copyrighted material will be appropriately protected - Security incidents will be reported to the IASO immediately - Users will only use their individually assigned login ID & will protect passwords as FOUO - Users will access only the resources as authorized & will abide by applicable security regulations 		
Applicant: I have read the above and will comply to the best of my ability		
Signature:		
Validation Verification & Authentication Section		
Applicant's Supervisor: To conduct daily business this person has an official need for a TLA logon and passwd.		
Signature:		
Information Assurance Security Officer: This person has the appropriate level of security clearance.		
Signature:		
IASO: Based on this document and other evidence provided to me this person has a need for network access.		
Signature:		
NOTES:		
<p>USER Applications -- Users must complete this form and return it to your IASO (i.e., IMO or DOIM) for their consideration, action and submission as appropriate.</p>		